THE MILITARY CHAPLAIN AND GRIEF

A Thesis

Presented to

the Faculty of the United States Army Chaplain School

Fort Slocum, New York

In Partial Fulfillment

of the Requirements for Graduation

by (13)

Eugene Tulley Johnson

May 1961

TABLE OF CONTENTS

INTRODUCTION

The ministry to the bereaved has, until recently, been considered the sole responsibility of the religious institution. Yet, the church has given relatively little attention to a study of grief or to training its ministers to deal with it. All too often the grief situations have been opportunities for ministers to pass judgment rather than to minister. The history of this type of ministry can be traced back to Job's pastor who insisted that he had sinned.

In my own theological education, one hour was devoted to the study of how to conduct a funeral service. No effort was made to help me understand the dynamics of grief. Other chaplains, with whom I have discussed the problem, indicate similar experiences in their training.

The army has long recognized the importance of having dignified military ceremonies. Several excellent guides have been published to assist the units and chaplains to make the military funeral a worthy tribute to the departed. The Department of Army Pamphet 16-60 entitled, "The Chaplain as Counselor", has excellent guide lines for the military chaplain on nearly every counseling situation except grief. Here it remains silent.

To find a serious modern scientific study on grief-work, before 1944, we have to look to psychiatry. It became interested in the emotional and psychological aspects of grief. It found that grief affected the physical and mental life of the person. Probably, the most significant work in the field was by Erich Lindemann, a Boston psychiatrist. Dr. Lindemann prepared a paper entitled, "Symptomatology and the Management of Acute Grief", which was published in 1944. This paper has been the basis for many articles and books written by ministers and other professional writers.[1] Freud recognized in grief a reaction similar to melancholia but did not think of normal grief as being a legitimate area for treatment by the medical profession.[2] Recently, George L. Engel presented a paper to the American Psychosomatic Association in which he asks the question, "Is Grief a Disease?"[3] He challenges his colleagues to prove that grief is as much a medical problem as are organic diseases. This is a departure from the traditional concept that grief is primarily a concern of the church.

Dispite Engle's concept, the major responsibility for the care of the bereaved continues with the religious institutions. It is, therefore, extremely important that the clergy understand how to perform this care intelligently. All too often he has not understood grief work and has

hindered its normal process. The bereaved has been discouraged from expressing the grief which was felt. Where grief is not expressed in healthy manners, it will be expressed later through unhealthy spiritual, physical, or mental reactions. If the clergyman fails to fulfill this function properly the church may loose its opportunity to perform its ministry to the bereaved.

This paper will not attempt to exhaust the subject of grief-work, but rather it seeks: first, to call the attention of the military chaplain to the vast scope of grief in the life of the military community; second, to indicate the most recent approach in ministering to the grieved; and third, to discuss the unique position the chaplain has in this ministry.

---

[1]Erich Lindemann, "Symptomatology and Management of Acute Grief," American Journal of Psychiatry, (September 1944) 141.

[2]Sigmund Freud, "Mourning and Melancholia," Collected Papers, Vol. IV(New York: Basic Books, 1959) p.153.

[3]George L. Engle, "Is Grief a Disease?" Psychosomatic Mecicine, XXIII, No.1, p 18.

CHAPTER I

THE SCOPE OF GRIEF

Grief is a word used to convey many ideas. The Webster's New Collegiate Dictionary describes grief in the following manner:"Suffering; pain; also, cause of these as a wound, disease, or grevience. 2. Mental suffering from bereavement; remorse, or the like--.3. A mishap;disaster; failure-".[1] Freud uses the term "mourning" and "grief" interchangeably. He writes:

> Mourning is regularly the reaction to loss of a loved person, or to the loss of some abstraction which has taken place of one, such as fatherland, liberty, an ideal and so on.... It is also well worth notice that, although grief involves grave departure from normal attitude of life, it never occurs to regard it as a morbid condition.[2]

Young in discussing the same reaction or state of emotion expresses it this way:

> Bereavement is the result of deprivation or separation and is therefore not limited to time of death. The man who lost his property, the jilted lover, the person who has lost a job or social status, the mother whose "home boy" has joined the army, the amputee, the divorcee---all are bereaved. Death, because of its finality, is usually thought as the most serious form of bereavement; hence, this discussion will be concerned with bereavement caused by death, although the same principles would apply in other situations.[3]

Synond sees grief as intense pain which comes from frustration resulting from limitation of power or prestige.[4]

He also used the term to describe the emotional reaction to loss or separation. Rogers uses grief in the sense of separation reaction, recognizing it as usually more acute at death. He adds homesickness to the list by Young.[5] Jackson, on the other hand, uses grief only in reference to the emotional reaction at death.[6]

In this paper grief, and the other related terms as bereavement and mourning, will be used in reference to the reaction to separation, whether it is separation from loved one, an important object, or an ideal. While the degree of pain may differ, the same principles in the managing the reactions will apply.

Grief involves a larger area of ministry than the military chaplain may be inclined to expect. The homesick recruit, the officer or non-commissioned officer who is forced to be separated from his family will "ache in the heart". The retiring officer, who has "heart trouble" which will not respond on the EKG machine, may be having a psychosomatic reaction to the thought of not living in a military community,or perhaps the loss of his job and the prestiege of position. The amputee, once a good natured chap, but now is irritable, restless, and depressed may need an opportunity to do grief-work. One lady, who was admitted to the army hospital with acute bronical asthma

immediately after discovering that a family relic had been taken, needed to work through her unresolved grief, relative to her father's death, before relief was found in breathing. A high school student, who was making high scholastic markings, began to fail when army orders required the father to be away for an extended period.

Doctor Lindemann came to the following conclusions in his study of the scope of grief:

> While our studies were at first limited to reactions to actual death, it must be understood that grief reactions are just one form of separation reactions. Separation by death is characterized by its irreversablity and finality. Separation may, of course occur for other reasons. We were first surprised to find genuine grief reactions in patients who had not experienced a bereavement but who had experienced a separation, for instance with the departure of a member of the family into the armed forces.[7]

In the same report Doctor Linderman discussed a new aspect of grief work not commonly recognized. He states that grief work can be done in advance of death. While this may be advantageous in certain instances, it can be extremely dangerous when a wife works through her grief at separations caused by military necessity. He explained that;

> Several instances of this sort came to our attention when a soldier just returned from the battlefront complained that his wife did not love him anymore and demanded immedate divorce. In such situations apparently the grief work had been done so effectifely that the patient has emancipated herself and the readjustment must now be directed toward new interaction.[8]

Much more research needs to be done to learn the full impact of grief in human actions and reactions. How many alcoholics are seeking to ease the pain of separation? How many of the mentally ill have found it easier to become ill than to face the pain of grief? The chaplain is aware of the attractiveness of the "officers' club", located in a tent with a log for a bar, to the officer who cannot afford to admit that he is lonely for his family. He turns to the "bottle" and "drowns" his loneliness. It is my belief that the peculiarity of the military service makes grief more prevalent than in the average civilian community. Grief complicates the lives of nearly every member in the military community. The chaplain can help most of those who suffer if he recognizes grief and prepares for their care.

---

[1] Webster's New Collegiate Dictionary, (Springfield: G and C Merriam Company Publishers, 1956) p. 364

[2] Freud, op. cit., p. 153.

[3] Richard K. Young, The Pastor's Hospital Ministry, (Nashville: Broadman Press, 1954) p. 111.

[4] Percival Synond, The Dynamics of Human Adjustment, (New York: D. Appleton-Century Company, 1946) p. 58.

[5] William F. Rogers, Ye Shall Be Comforted, (Philadelphia: The Westminister Press, 1950)

[6] Edgar N. Jackson, Understanding Grief, (New York; Abingdon Press, 1957) p.18.

[7]Erich Lindemann, "Symptomatology and Management of Acute Grief," American Journal of Psychiatry, (September 1944) 147.

[8]Ibid., p. 148.

CHAPTER II

THE CHAPLAIN AND THE BEREAVED

The chaplain received a call at 0030 hours from the hospital. The AOD told him that Sergeant Jones reported to the emergency clinic at 2300 hours, was admitted at 2345, and died shortly after reaching his hospital bed. The Doctor thought it was a "heart attack". The AOD then said to the chaplain, "According to the SOP, I am to notify you and request that you inform the deceased's wife. She lives at 5570 B Artillery Road".

The message was a shock to the chaplain. The previous afternoon he talked with Sergeant Jones, over a cup of coffee, at the mess hall. The Sergeant had mentioned that he was not feeling well, and the chaplain had suggested that he drop by the dispensary. The suggestion was passed off with the remark, "I had rather be dead than go to see those pill pushers". Now he was dead.

The chaplain requested his wife go with him to deliver the message. Twenty minutes later he rang the door bell at 5570 B Artillery Road. It seemed for a few minutes that no one would answer. Then he heard a window in an upstairs room open and some one say, "Is that you Bill?" "No, Mrs. Jones, this is Chaplain_____. I need to talk

with you for a little while."

"Oh Lord, something is wrong. Just a minute Chaplain," came the reply.

The door was opened by a frightened lady who appeared to be about thirty five years of age. "Bill is not bad sick is he? He just had an upset stomach. He told me to stay with the children. Oh, excuse me Chaplain, I am keeping you standing out in the cold, please come in."

Proper introductions were made on the way into the living room. The living room was in a mess, empty beer cans were scattered about the room. The chaplain wanders if two people had consumed that much beer.

What does the chaplain bring to this situation? Is he prepared for the task professionally or personally? In what role will he be seen except as a messanger of bad news? The answer to these questions will greatly affect the lives of the widow and her three children.

Carrol Wise suggests three factors which will effect the counselor's response. The first is the attitude he has toward the person to whom he ministers. This attidude is dependent upon his own experiences in life, his training, as well as the reasons which led him into the ministry. Was his calling an unconscious motive of seeking approval, status, or identification? Does he need to judge (with the backing of God)? A chaplain needs to come to grips

with the underlying reverbrations of his call. These factors play a large part in what happens in the next few minutes, and in the days of adjustment ahead. The second factor, suggested by Wise, is the minister's "religious interpretation of man". What is the value of man? What is his purpose? Who is man in the sight of God? The third consideration is the "pastor's concept of himself and his role as a minister. What does it mean to represent God to men? It will mean different things to different ministers. The chaplain's basic concept of people, himself, and his role will be communicated to the bereaved person.[1]

Jackson indicates that many ministers are not prepared for the ministry to the bereaved.

> Sometimes matters of personal inadequacy interfere with the minister's work. One minister refused to make hospital calls because he had such severe emotional reactions to the sights and smells of a hospital. He needed treatment for his disturbed emotions. Another found it so difficult to conduct his ministry to the bereaved that he avoided the home of the mourners, made his arrangement by phone, arrived at the appointed place at the last minute, and read a short, formal, ritualistic service, hastening away as quickly as possible. Even then he was trembling with the emotional exertion involved.
>
> However, often from the lack of knowledge of what is taking place in the emotions of the bereaved, they say and do things which make the work of mourning more difficult and delay the normal processes of withdrawing the ego investment, and placing the emotional capital elsewhere. Using the mood of a familiar poem, they are likely to say in a variety of ways,

> "He is not dead; he is just away." At other times they may call the most gruesome tragedies the expression of God's will, and in so doing destroy the basis of any sustaining faith that the individual may carry with him into the tragic circumstance.[2]

More will be said later about the chaplain's response. Our main interest at this point is to indicate the importance of the chaplain understanding what he brings to the grief situation. He will work with what he has, whether he is aware of it or not.

Ben Patrick, director of the Outpatient Clinic of the Department of Pastoral Care, North Carolina Baptist Hospital suggested five factors which he considered important in the chaplain's prepration for ministering to the bereaved. They are:

1. Feeling "called" to the task.
2. Love for people.
3. Faith in the goodness of God and the Universe.
4. An adequate understanding of life.
5. The chaplain's personal experience in bereavement.[3]

Another matter which must be considered in the chaplain's ministry to Mrs. Jones is her own personality. How does she see the chaplain? This question is especially difficult to answer in the military. Members of the military family have many different backgrounds. To some the chaplain is "a bearer of bad news". To others he is "Father" ,"Preacher", "Pastor","Reverned", "that old fool",

or other less complimentary terms. Mrs. Jones' concept of the Chaplain _____ will determine the help she can accept from him.

Not only is the outcome of Mrs. Jones grief-work dependent upon the chaplain's skill and her acceptance of him, but upon all the ingredients that make her a person. What was her relationship to her husband? Was she overly dependent? How strong are her ambivalent (positive and negative) feelings? What is the state of her physical and emotional health?

All of these factors will be a contributing factor in how grief will be faced and worked through, or else denied and left to destroy her personality and usefulness.

---

[1]Carrol A. Wise, Pastoral Counseling, (New York: Harper & Brothers, 1951) pp. 8-11.

[2]Jackson, op. cit., pp. 145-146.

[3]Notes from lecture given to Chaplain Interns Winston Salem, North Carolina, June 1959.

CHAPTER III

THE EXPRESSION OF GRIEF

"Bill is not bad sick is he? He just had an upset stomach. He told me to stay at home with the children."

The chaplain responded, "Mrs. Jones, the information I have for you is not good. The Duty Officer at the hospital called and said that Bill was dead."

"No! This cannot be. Oh God, don't let it be true," she cried and then passed out. The chaplain's wife gave attention to Mrs. Jones as the chaplain was detracted by two teen aged girls descending the stairs. One of them said, "Mother, what is the matter?" The chaplain explained that their mother had fainted after receiving some "bad news". The girls responded immediately to assist with the care of their mother. When the mother revived she said, "Daddy is dead." She then turned to the chaplain and asked, "Tell me Chaplain, what kind of God would take the father from these children? I can't believe it. It must be a terrible mistake."

What should the chaplain have replied to her charges against God? "How dare you to talk of God like that.","Be brave, you must set a good example before your children." , "A year from now it will not look so dark.", or as he looks around at the beer cans, "It was probably his drinking that

killed him, this is the judgment of God.

Most authorities agree that emotions must be expressed. A psychiatrist lecturing to a group of ministers said, "It is not a matter of whether emotions will be expressed but a question of how they will be expressed."[1]

Deutch was one of the first to recognize that grief would be expressed. She writes:

> My convictions are: first, that death of beloved persons must produce reactive expressions of feelings in normal course of events; second, that omissions of such reaction response is to be considered just as much a variation from the normal as excess in time or intensity, and third, that un-manisfested grief will be found expressed to the full in some other way or other.[2]

Jackson expresses a similar conviction. He says:

> The grieving period can be delayed but it cannot be postponed indefinitely, for it will be carried on directly or indirectly. If it is not done directly at the time of loss it will be done later at a much greater cost to the total personality.[3]

Rogers states that it must be expressed or repressed into the unconscious where it becomes a disruptive force. He refers to grief as a negative emotion.[4]

A legitimate question at this point is; Why is grief felt? As persons, we invest emotional capital in each other, in ideals, and in valued objects. To loose this investment is to loose part of our own self. This is painful.

We have each invested in others and others in us. The degree of pain felt from loss is dependent on the amount, depth, and nature of loss. As Irion has pointed out more is involved than appears on the surface.[5] The losses have tap roots in the unconscious. As the loss occurs and the roots are in the process of extraction through the grief-operation, both negative and positive feels rise to the surface. Through a slow process the bereaved must re-invested the emotional capital, bit by bit. It is a grevious process. Freud says that work performed by mourning can be explained as follows:

> The testing of reality, having shown that the loved object no longer exists, requires forthwith that all libido shall be withdrawn from its attachments to this object.....It may be universally observed that man never willingly abandons a libido-position, not even when a substute is already beckoning to him. This struggle can be so intense that a turning away from reality ensues, the object being clung to through the medium of hallucinatory wish-psychosis. The normal outcome is that deference for reality gains the day. Nevertheless its behest cannot be at once obeyed. The task is now carried through bit by bit, under great expense of time and cathetic energy, while all the time the existence of the loss object continues in the mind. Each single one of the memories and hopes bound in the libido to the object is brought up and hyper-cathected, and the detachment of the libido from it accomplished.--- The fact is, however, that when the work of mourning is completed, the ego becomes free and the uninhibited again.[6]

The chaplain needs to keep in mind that there will be different ways in which the bereaved will express their grief reactions. The important thing to keep in mind is that an opportunity be available for the bereaved to use

the means most natural for them. The chaplain must not make of grief-work a mechanical process, but instead, he must be responsive to the heartbeat of the grieved.

A number of studies have been made to learn how grief is expressed. Over a period of two years the Department of Pastoral Care, North Carolina Baptist Hospital kept records on three hundred and thirty one cases. The following reactions were noted in order of occurrence.

> Bewilderment, a state of confusion, or a sense of lostness was experienced by 95 per cent of families studied. For the first few minutes simple routine could not be performed...."What am I going to do?" was a common expression of this bewilderment...
>
> The second most frequent manifestation of initial grief was a need to talk about the deceased, as noted in 94 per cent of the families...
>
> The third most common element in grief reaction was weeping....
>
> Some of the less frequent but non the less significant grief responses were shock, guilt, and hostility. [7]

Rogers believes sobbing to be the most common outlet for the expression of grief.[8] Lindemann study observed one hundred and one patients. His observations are orientated toward a medical approach. His conclusions are summed as follows:

> These five points-(1) somatic distress, (2) preoccupation with the image of the deceased, (3) guilt, (4) hostile reactions and(5) loss of

> patterns of conduct-seem to be pathognomonic for grief. There may be added a sixth characteristic, shown by patients who border on pathological reactions, which is not so conspicious as the others but nevertheless often striking enough to color the whole picture. This is the appearance of traits of the deceased in behavior of the bereaved, especially symptons shown during the last illness, or behavior which may have been shown at the time of tragedy.....He may show a change of interest in the direction of the former activities of the deceased....[9]

A young man visited his chaplain and said, "Sir, I have something on my mind, but I do not know where to start. I find that I cannot eat or sleep. I just worry about this problem all the time."

Chaplain: Would you like to tell about it?

Soldier: I guess it started in September when I had a leave. When I got home my father was dead--He killed himself. He had been hanging four days when they found him. I had to go to the funeral home and identify him. I feel I am to blame for his death.

Chaplain: This must have a terrible shock. You feel responsible for his death?

Soldier: Well if I had called him before I left for home he would not have killed himself. I did not write him, not once did I write to him.

Chaplain: You seem to feel if you had given him a little more attention he would be alive?

The soldier told the chaplain of his very unhappy home life. His mother was an engineer who "seemed more interested in business and clothes than a home". His father was a printer. Lately his business had gone to pieces. The

family was always quarreling and fighting. The soldier joined the army to get away from it all after a big disagreement with his father. Not long afterward, his younger brother had a fight with his father, at which time, the younger brother and the mother moved to another state and left the father at home. Bankrupt proceedings had been filed against the print shop. For several days prior to his death the father was seen, either reading, or carrying a Bible under his arm. The soldier revealed his mother and younger brother felt they were partly to blame for the death also.

Soldier: I tried to get along with Dad but just could not. We used to go to church. Dad made us all go. When I got old enough I quit church and school both. He got mad when I quit school, then he cried.

Chaplain: You feel that you disappointed your father because you did not follow his desires.

Soldier: I want to go back to church, but I cannot pray any more. What I would like to do most of all is to go back and take over his print shop. Do you think I can get out of the army and save his shop?

Chaplain: You feel this would make your father happy?

Soldier: It is hard to put into words. I feel if the business could be continued, it would be, how shall I say-- be as if my father were alive. You know that shop was his life.

This young man was suffering from deep guilt which was blocking the expression of his grief. He was attempting to keep his father alive through the shop, and in a sense

deny the reality of the death. After several visits with his chaplain he was able to accept the death. He also decided to continue in the army, and upon completion of his enlistment choose a trade that appealed to him. He was also able to re-establish his church relations.

Grief reactions are normally worked through in six weeks to three months. If an adequate adjustment is not made in that period of time the chaplain should be alert to the possibility of morbid or delayed reactions. This paper will not discuss all the implications of abnormal reactions but will indicate ways of recognizing them, and seek to point out the seriousness of these reactions. Where it is possible such cases should be refered to the psychiatrist, unless the chaplain is clinicaly trained and recognizes the limits of his ability.

Lindemann divides morbid grief reactions into two parts. The first he calls "delayed reactions." The second he names "distorted reactions."[10] An excellent example of the delayed reaction is recorded by Young and Meiburg in their recent book entitled, "Spiritual Therapy".

> A twelve-year-old girl had been fishing in the farm lake. She started back to the house thinking her two-and-a-half-year- old brother was following her, but upon turning around she saw him leaning over, trying to pick a waterlily. Yelling a warning, she ran back, caught hold of him, and said, "If you had fallen into that water, we would have to dig a deep dark hole in the ground and throw dirt in on top of you." The scene she painted

was so vivid it made the little brother cry, and then she proceeded to comfort him. The next morning the child followed his mother across the highway to the mailbox, was struck by a passing car, and instantly killed. Three days after she had pictured the burial scene to her brother, the girl was standing in the cemetery watching men lower his body into the ground.

This young girl was unable to cry or express her feelings during the funeral and did not share what had happened between her and her brother with her parents or minister. Seven years later while in nursing school, she requested an appointment with the chaplain and described her condition in the following way.

"I do not know what is wrong with me. I cry easily. I know my grades are going down because I cannot concentrate. I have just never been this way before."

She became somewhat attached to an elderly lady, whom she had nursed for two weeks prior to the patient's death. The expiration of her patient awakened unresolved grief in the student nurse which resulted in mild depression. When in the course of several hours of counseling she was able to relive her grief over the death of her brother and cry out her feelings which were blocked up earlier, her depression cleared away.[11]

The second type of morbid reaction, the distorted, makes a change in the bereaved's pattern of conduct. Lindemann divides them into the following classifications:

1. Over activity without a sense of loss.

2. Acquisition of symptons belonging to the last illness of the deceased.

3. Medical disease. Psychosomatic conditions such as ulcerated colitis, rheumatoid arthritus and asthma.

4. Alteration in relationship to friends and relatives. Irritable, ...avoids social activity.

5. Hostility-- furious hostility against specific persons-doctor-surgeons for what they believe to be neglect of duty.

6. Many so struggle against the hostile feelings they become wooden and formal--with affectivity and conduct resembling schizophrenic picture.

7. Lasting loss of patterns of social interaction.

8. His activities attain a coloring which is detrimental to his own social and economic existance.

9. Agitated depression, with tension, agitation, insomnia, feelings of worthlessness, bitter self-accusation and obvious need for punishment. Such patients may be dangerously suicidal.[12]

Jackson believes that the use of alcohol may become a substitute for the expression of grief feelings. He feels this to be particular true of the dependent type of personality.[13]

The chaplain should remember that grief reactions are usually normal, but he should be alert and recognize the morbid forms. He should also keep in mind that grief occurs other than at death. Any time a member of his community experiences a loss grief to a degree will be experienced.

---

[1]Opinion expressed by Dr. A Randolf at luncheon of of Doctors and Ministers, Greensboro, North Carolina, July 1959.

[2]Helene Deutsch, "Absence of Grief" The Psychoanalytic Quarterly, 6:12, 1937.

[3]Jackson, op. cit., p. 143.

[4]Rogers, op. cit., p. 49.

[5]Paul E Irion, The Funeral And The Mourners (New York: Abingdon Press,1954) p. 44.

[6]Freud, op. cit., p. 154.

[7]Richard K. Young, and Albert L Meiburg, Spiritual Therapy (New York; Harper & Brothers, 1960), p. 152-153.

[8]Rogers, op. cit., pp. 17-8.

[9]Lindemann, op. cit., pp. 142-3.

[10]Ibid. p. 144.

[11]Young, and Meiburg, op. cit., pp. 150-51.

[12]Lindemann, op. cit., pp. 144-6.

[13]Jackson, op. cit., p. 176

CHAPTER IV

THE CHAPLAIN AND GRIEF WORK

The chaplain in the army has a task that is different from his counterpart in civilian life. In the civilian community the doctor normally informs the family of the death of the loved one. In the military this job is usually assigned to the chaplain. This arrangement has both advantages and disadvantages. The advantage is that he is present to help from the beginning of the experience, but it is to his disadvantage to be known as the "bearer of bad news". Hostility may be directed at him for having this mission and may, in certain instances, limit his opportunity to minister to the bereaved. The chaplain needs to be aware of this possibility, and learn how to deal with it when necessary.

The ministry to the bereaved will be discussed under two sections: first, his role as a listener; and second, the religious resources available for his ministry.

The Chaplain's Role as Listener. In the early moments of grief the chaplain may make his greatest contribution by his presence. At the moment of greatest sorrow presence is the greatest source of strength. The bereaved will not remember what the chaplain says unless he blunders. They will remember that someone who represented strength stood

by their side, understandingly and sympathetically. Communication through presence will be more meaningful than pious platitudes. If the chaplain has known the deceased he may, at the proper time, express his genuine feelings. These are always acceptable. Irion has a very excellent discussion on the "pre-pastoral call". He suggests such statements as, "We are sorry that Mr. Smith has died. I think that we understand in a small way, your loss, because we are all going to miss him".[1]

Mrs. Jones was saying to the chaplain, "Tell me Chaplain, what kind of God would take the father from these children." After a long pause, the chaplain replied, "It is only normal you feel strongly about your loss. I will miss him. I think to a degree that I understand how you feel about his death."

Within a little while Mrs. Jones began to talk of her husband. He was described as a wonderful man, who thought only of his family. She related how he had delayed going to the hospital for a check-up, pending a laboratory report on her. The doctor thought she might need a hysterectomy. Bill had promised to get a complete check-up if her laboratory reports were negative. He had died because of his love for her. She felt nothing was left without him. The whole family was organized around his activities. She married when only fifteen years of age. Bill had

had been more than a husband to her, he had been a father also. Mrs. Jones stated that she could not remember her father, who was a drunkard, and according to what her mother told her, left home when she was six years of age.

Over a cup of coffee Mrs Jones talked and cried intermittently as she discussed Bill's army career. She told of his silver star, of his service as an officer. He had once told her not to bury him as an officer, but as a non-commissioned officer. She wandered if this were possible. Then her thoughts drifted to their twelve year old son who was still asleep upstairs. Through tears she asked, "How can I tell him that his father is dead?" She spoke of it all seeming so unreal, and said, "Chaplain, I will have to get some help. I do not know how to handle things. What will I do?" At Mrs. Jones request the chaplain called her sister and requested her to come and assist. A neighbor lady was called to stay with the bereaved until morning. As the chaplain left Mrs. Jones asked him to say a prayer for them. This was what her pastor would have done; she was a baptist from the south. She had accepted the chaplain as her pastor.

In a study at North Carolina Baptist Hospital clinical records revealed that the chaplain was nearly always well received by the bereaved. Young writes:

> The chaplain was almost universally well received by the bereaved family. The high incident of acceptance probably reflects both the regional culture and setting in a denominational owned hospital. There was evidence of definite hostility toward the minister by a member of the family in eight of the three hundred thirty one situations. When a lady requested the chaplain to pray with members of the family her sister said, "No, Siree, I don't want to pray to a God who would let my mother suffer like she did.[2]

The military chaplain because of his unique position as a minister and an officer is likewise well received. He normally is closer to the military community than the minister is to the average community. His position and relationship affords an excellent opportunity to perform an outstanding service to the family.

The first law the chaplain must obey in ministering to the bereaved is to permit the bereaved express as much grief as he feels. In writing to the bereaved, Joshua Lott Liebmann says:

> Express as much grief as you actually feel. Do not be afraid of breaking down under the strain of your loss. The pain that you feel will be a tool and instrument of your later healing. Furthermore, the function of friends is to be a sounding board for the bereaved. Instead of trying to distract attention from the loss---a procedure that should come much later in the healing process--friends should offer opportunity and encourage the man who has lost a loved one, to talk about his loss, to dwell on his sorrow, and to rehearse the beauty and virtue of the departed one.[3]

Unfortunately, our culture, particular in the military, discourages the normal expression of grief. This

custom is unhealthy emotionally and spiritually. All too often, the doctor is ready to give a drug to ease the pain, and friends are quick to advise, "Be strong", "You must not talk about him if it makes you cry", "What would Bill think of you acting like this", or "Where is your faith? I thought you believed in God." If to this the minister adds his bromides of platitudes,the bereaved may delay expression of his grief emotions to the detriment of his health.

Crying is the most common outlet for the expression of emotions felt in grief. The chaplain should allow the bereaved to cry. It is one of the most effective releases for penned up emotions.

Petro explains the value of weeping as follows:

> As an emotional expression weeping aims at the projection of pain----If we recognize weeping as a projected function, we must conceed great importance to it as a warding-off function even from the moment of birth, for it indicates the beginning of birth in reality sense.[4]

Jackson lays a great deal of stress on the importance of weeping in his book entitled, "Understanding Grief. He describes tears as being nature's own safety valve.

> "It serves little purpose to try to prevent the use of nature's own safety valve.... Tears, warm and wet, are soothing in and of themselves and symbolically can wash away the irritants of life.[5]

Young suggests that when the chaplain sees that the family misunderstands the therapeutic value of crying that

he move into the situation and say something like, "The pain of separation is real. Our sorrow is natural and God understands." He continues:

> Encouraging the expression of grief when it is obvious that the individual is choked up and needs relief can be accomplished in most instances through a simple suggestion: "Go ahead and cry. I would do the same if I were in your place." For the minister to say this helps the person to realize that the maintenance of a stoical attitude is not necessarily a sign of strong Christian faith. Nowhere in the New Testament is the Christian promised exemption from tribulation and pain in this world. He sorrows, but not "as others which have no hope," to use the words of Paul(I Thess. 4:13, AV).[6]

The Christian faith is not intended as a substitute for the normal work of grief and it is not its purpose to be an instument of suppression. As Rogers has pointed out, "it is a power which can help us meet grief, with its support we can adequately meet it and grow through its pains."[7]

Talking is another normal way of expression of grief. The chaplain should encourage the bereaved to objectify the loss. This is very helpful in counseling with young men who are homesick. Give the young man an opportunity to talk of home, of his pets, or girl friend. The same approach is helpful when dealing with those who receive a "Dear John" letter. To tell him he will soon forget his sweetheart is to accuse him of being as disloyal as she has been. This is not the time to tell him that twelve months from now the

hurt will be gone and he will be thankful the girl caught another fellow. Meaningful talk helps the bereaved face reality, is therapeutic, and should always be encouraged by the chaplain when circumstances permits.

A chaplain visiting on a hospital ward was asked by a middle aged woman, "Chaplain, what do you think about a woman my age being drunk? They really have me high." The chaplain assuming the lady was married(she had a wedding ring on her finger) jokingly replied, "Don't worry about me, but what will your husband say if he finds you this way." Tears began to flow and her sister who was visiting her said, "Chaplain, we do not talk about her husband. He died six months ago." Then she turned to the patient and said, "Now, Sister, you stop crying. That is no way for a grown woman to act." The chaplain departed and returned after visiting hours to provide the patient an opportunity to talk if she desired.

The widow told the chaplain that she was not afraid of the operation on her eyes scheduled for the next day, but could not keep from thinking of her husband's operation. He died on the operating table. She thought she would probably would be operated on in the same room in which he died. She said that her husband willed his eyes to the bank, and spoke of being afraid to look people in the face for fear of seeing her husband's eyes in another person. "I do not

think I could stand it," she cried. The patient poured out her blocked emotions for forty five minutes, then gradually became calm and relaxed. As the chaplain prepared to depart she said, "My sister refuses to let me talk about John. She insists I must forget him, but you cannot forget a man you have lived with for twenty years. This is the first time anyone has permitted me to talk. I am not worried about the operation tomorrow. Will you come to see me again after the operation?" Three additional visits were made before the patient departed the hospital. She was able to work through her grief, and made plans to return to her church activities. She had decided to live again.

Where grief is caused by death the chaplain should continue pastoral contacts until the pain has decreased sufficently to allow the bereaved to re-establish relations with the members of the church and the community.* If this adjustment is not made within a reasonable time referal should be made to a psychiatrist.

Religious Resources. Lindemann recognizes the the assistance given by the religious instutions. He wrote:

> Religious agencies have led in dealing with the bereaved. They have provided comfort by giving the backing of dogma to the patient's wish for continued interaction with the deceased, have developed rituals which maintain the patient's

*See appendix No. 2 for suggested program of contact from pre-pastoral counseling to post-counseling.

> interaction with others, and have counteracted the morbid guilt feeling of the patient by Divine Grace and by promising an opportunity for "making up" to the deceased at the time of a later reunion. While these measures have helped countless mourners, comfort alone does not provide adequate assistance in the patient's grief work. He has to accept the pain of bereavement.[8]

Within the framwork of the church the chaplain has to assist him: first, his role; second, his religious tools; and third, the redemptive fellowship.

When God seems far away in periods of grief, the chaplain, God representative, can be near. As the bereaved works through the fog and confusion, the chaplain represents more of God than he would care to admit.

Prayer, scripture, and the worship service are the most common tools with which he works in the religious role. Young points out that prayer when properly used has therapeutic value as well as spiritual.

> The guiding principle in the use of prayer and in selecting scripture is to keep the individual close to reality. There is a natural tendency to withdraw from pain. Neither scripture nor escapism or a fitting of the teaching of immortality over the top of the pain prematurely. For example the twenty third psalm faces realistically "the valley of the shadow of death," and at the same time emphasizes God's nearness. Prayer used in the acute phase of bereavement should be brief and should geather up the families feelings and in its wording recognize the course of normal grief reaction. Beginning with the reality of loss and the pain of separation the prayer should move on to confess the need for divine strength and courage through the experience.[9]

The last religious resource to be discussed is that of the funeral. This paper will not attempt to do more than to touch on the elementals of the funeral. Each chaplain will abide by the teaching and traditions of his own denomination in the conduct of the service. Every chaplain would do well to have a copy of " The Funeral and the Mourner" by Paul E Irion. It is an outstanding contribution to the field.

The military funeral discourages display of of emotions; yet, if properly planned it can be very meaningful. Jackson has the following comment on the military funeral.

> Military funerals have their own special ritual. The caisson is symbolic of the last lonely ride; the firing of the volley illustrates the energy that is spent and gone: and the playing of taps marks the end of the day of life. The military does not encourage emotional displays, but each part of the military service urges the facing of stark reality.9

The chaplain will conduct funerals where the families will be present for the service, and others where only the military will be present. The traditional military service is more approprate to the all military congregation. There is a pause to pay tribute to a comrad, but the mission must continue. Particular in combat the mission is paramount. However, when the family is present the ministry to the family is paramount. Its purpose, in

the main, is to meet the needs of the bereaved. The military aspects in the latter situation will be secondary. It should in either case be a beautiful benediction at the close of a life.

A simple order of service which I have used will be placed in the appendix. The service lasts approximately thirty minutes. It makes no claim to be ideal but is included as a guide for those who have not conducted a funeral. Young chaplains who have not had experience in conducting a military funeral should seek the assistance of an experienced chaplain in his first services. It is extremely embarrasing to the military if the service is not conducted with dignity and polish. To the military it is their final tribute to a Comrad of Arms.

The sequence of the commital service and the military honors should be explained to the bereaved. This will prevent the shock of the volleys. The sequence will normally be as follows: When the chaplain completes the commital service, he steps to one side to make room for the bugler at the head of the grave. The party will fire three rounds and be followed by the bugler sounding the taps. When the bugler completes the taps the flag is folded and given to a designated person who presents it to the next of kin. The family should be then escorted to a waiting car. They can return at a later hour if they desire to see the grave

after it is filled.

The redemptive fellowship can make a substantial contribution to the ministry of the bereaved. The chaplain may have to train this fellowship in understanding the dynamics of grief and in leading it to accept its responsibility when one of its members suffer. This membership can be trained to accept the hostility ventilated by the bereaved. A selected group can be trained to allow the expression of guilt feelings and to become a strong support in the acute loneliness of the bereaved. This fellowship has historically supported each other in christian charity. In the early days of its existance as the members gathered in the "upper room" after Christ's death, they mutually carried each other's burdens. Out of this fellowship was borned a new vision. Through it the Comforter endued them with power to proclaim an "abundant life" inspite of death. This mission has not changed.

There are several methods available to the chaplain for training his people for this ministry. He can use the influence of the pulpit. He can provide magizines and books on the subject. A recent magizine published an article entitled,"How to Help Someone in Sorrow" which was written for laymen.[10] Roger's little book, "Ye Shall Be Comforted" can be easily adapted as a study course book and used to teach small groups of selected members.[11] Psychiatrists and

social workers are normally willing to participate in such discussions with church leaders.

The chaplain must accept the responsibility for the training and developing potential support of the religious fellowship. This supportive fellowship can provide the strngth and loving care so essential to the bereaved in the re-organizing of life around new persons and ideals.

---

[1]Irion, op. cit., p. 147

[2]Young & Meiburg, op. cit., p. 156

[3]Joshua Loth Liebman, Peace of Mind,(New York: Simon and Schuster, 1946) p. 113.

[4]Endre Peto, "Weeping and Laughing", International Journal of Psycho-Analysis, Vol. XXVIII:133, 1946.

[5]Jackson, op. cit., p. 154.

[6]Young & Meiburg, op. cit., p. 157.

[7]Rogers, op. cit., p. 41.

[8]Lindermann, op. cit., p. 153.

[9]Jackson, op. cit., p. 153.

[10]Howard Whitman, "How to Help Someone in Sorrow," Together, May 1961, p. 26.

[11]Rogers, op. cit., pp. 1-88.

SUMMARY

One of the most frequent and potentially destructive emotional and spiritual problems faced in the military community is that of grief. Grief affects, not just a part, but the whole of a person, that is the physical, emotionall, and the spiritual. The chaplain must recognize the symptons of the grief reactions and understand its potential cancerous nature.

The young chaplain as well as the experienced chaplain needs be a student of the grief-work. The supervisory chaplain ought to provide training opportunities through group discussions and by inviting specialists in the field to speak at some of his training conferences.

Research by psychiatrists, social workers, and ministers have contributed new information in the last twenty years to assist the chaplain in his work. This research should continue with the chaplain, who is in a unique position, joining in the research work. He is in a position to make a valuable contribution.

The nature of the military life necessitates many separations. In time of war the separations are longer and under the threat of death. In combat its members face sudden death. Grief is a problem with which the chaplain must deal. He must learn how to travel with his people through the

valley of losses and separation of both temporary and permanent nature.

APPENDIX I

THE CRITERIA FOR EVALUATING THE EFFECTIVENESS OF THE PERSONAL FUNCTION OF THE FUNERAL

1. The funeral must deal with death realistically.

2. The funeral must present a vision of God which will be of comfort and help to the mourners in their suffering. This includes the understanding of the love of God, the nearness of God, and his concern for his people.

3. The funeral must see man as an individual worth, turning man's attention to the importance of his personal integration and resources which God offers for the strengthening and stabilizing of the self.

4. The funeral must demonstrate that the Christian faith is a resource which enables the individual to mourn, rather than substitute for mourning.

5. The funeral must recognize and accept deep feelings, rather than cover them up by a superficial aestheticism.

6. The funeral must provide a sense of finality.

7. The funeral is to establish a climate for mourning.

8. The funeral must be an aid in recalling memories of the deceased.

9. The funeral must be sensitive to the individual needs of the bereaved, dynamic, vairable in both form and content.[1]

---

[1] Paul E. Irion, The Funeral And The Mourners, (New York: Abingdon Press, 1954) p. 86.

APPENDIX II

SUGGESTED PROGRAM OF PASTORAL CARE TO THE BEREAVED

I. Prefuneral calls.

1. The first call should be as soon as possible after notification of the death. It should have at least the following purposes:
   a. To express sympathy.
   b. To establish rapport.

2. The second call sufficently prior to funeral to permit for arrangments for details.
   a. To obtain information about the deceased. (birth,family, date of marriage, church membership and other desired information.) This affords the bereaved the opportunity of talking of the deceased.
   b. To make arrangements for the funeral. Special requests and desires of the family should be sought.
   c. This visit should continue to build relationship begun in the first visit. Often a more active spiritual ministry is possible at this time.

II. The Postfuneral calls.

1. The first call should be shortly after the service, if possible the same day.
   a. To provide family with a copy of sermon, scripture used, order of service or other material.
   b. To provide continuity between prefuneral calls and postfuneral pastoral care.
   c. To assure the bereaved of your continuing interest and care.
2. The second call should be in two to three days after the funeral.
   a. To assist in the mourning process
   b. To provide the bereaved the opportunity to talk of what the deceased meant to them.
3. The third call should be about one week after the death of the deceased.
   a. To make possible release of emotional tension.
   b. To help the bereaved face the reality of loss.

Weekly visits should continue until the end of the first month. In some instances it may be more disirable for the bereaved to visit the chaplain office. After the end of the first month the visits should become bi-weekly with a reduced program of visitation until the end of the third month. If the grief-work has progressed normally by the beginning of the fourth month the care can be reduced to that of the normal member of the congregation.[1]

---

[1]Irion, op. cit., pp. 144-166.

APPENDIX III

ORDER OF SERVICE IN THE CHAPEL

Military Funeral

Order of Service

5 AUGUST 1958–0930

TOWER CHAPEL — FORT KNOX, KENTUCKY

PRELUDE—*"Chanson Triste"* ----------Organist

INVOCATION ----------Chaplain Johnson

SOLO—*"Lead Kindly Light"*

SCRIPTURE ----------Chaplain Lampson

PRAYER ----------Chaplain Lampson

OBITUARY ----------Colonel Benjamin

CHAPLAIN'S MESSAGE ----------Chaplain Johnson

SOLO—*"Abide With Me"*

BENEDICTION ----------Chaplain Johnson

POSTLUDE—*"The Lord Is My Shepherd"* ---Organist

In Memoriam

MASTER SERGEANT JOSEPH BRUCE FOSTER

Sergeant Major, 1st Training Regiment, Armor, United States Army Training Center, Armor, Fort Knox, Kentucky.

BORN

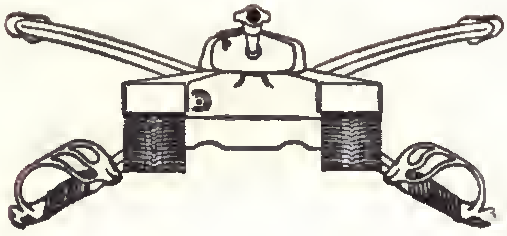
6 September 1918

DIED

1 August 1958

Be Thou Faithful unto Death and I will give thee a crown of life.

Rev. 2:10



BIBLIOGRAPHY

Alexander, Franz, Psychosomatic Medicine. New York: W. W. Norton & Company Inc.,1950

Boisen, Anton T., Out of The Depths.New York: Harper & Brothers, 1960.

Boisen, Anton T., Religion in Crisis and Custom. New York: Harper & Brothers, 1955.

Cabot, Richard C., Dicks, Russel L.,The Art of Ministering to The Sick. New York: MacMillan Company, 1957

Eissler, K. R., The Psychiatrist And The Dying Patient. New York: The International University Press, 1955.

Feifel, Herman.(ed), The Meaning of Death. New York: Mc Graw- Hill Book Company, 1959.

Frankl, Victor E., The Doctor and The Soul. New York: Alfred A. Knoph, 1955.

Freud, Sigmund, Collected Papers, Vol. IV. New York: Basic Books, 1959.

Hiltner, Seward, The Christian Pastor. New York: Abingdon Press, 1959.

Irion, Paul E., The Funeral and The Mourner. New York: Abingdon Press, 1954

Jackson, Edgar N., Understanding Grief. New York: Abingdon Press, 1957

Liebmann, Joshua Loth, Peace of Mind. New York: Simon & Schuster, 1946.

Maver, Paul E. (ed), The Church and Mental Health. New York: Charles Scribner's Sons, 1953.

Mc Neill, John T., A History of the Cure of Souls. New York: Harper & Brothers Publishers, 1951.

Oates, Wayne E., The Christian Pastor. Philadelphia: The Westminister Press, 1956.

Oates, Wayne E., The Religious Dimensions of Personality. New York: Associated Press, 1957.

Oates, Wayne E.,(ed), An Introduction to Pastoral Counseling. Nashville: Broadman Press, 1959.

Preston, George H., The Substance of Mental Health. New York: Rinehart & Company, Inc., 1959.

Preston, George H., Psychiatry for the Curious. New York: Rinehart & Company, Inc. 1959.

Rogers, William F, Ye Shall Be Comforted. Philadelphia: The Westminister Press, 1950.

Stewart, William, The Minister as Marriage Counselor. New York: Abingdon Press, 1961.

Symond, Percival M., The Dynamics of Human Adjustment. New York: D. Appleton-Century Company, 1932.

Webster's New Collegiate Dictionary. Springfield: G & G Merrian Company. 1956.

Weiss, Edward, English, O. Spurgeon, Psychosomatic Medicine. Philadelphia: W B Sanders, 1957.

Wise, Carroll A., Pastoral Counseling. New York: Harper & Brothers, 1951.

Young, Richard K., Meiburg, Albert L., Spiritual Thearpy. New York: Harper & Brothers, 1960.

Young, Richard K., The Pastor's Hospital Ministry. Nashville: Broadman Press, 1954.

Periodicals

Burns, James. "What It Means to be Divorced", Pastoral Psychology, Vol IX:45-52, September, 1958.

Cappon, Daniel. "The Psychology of Dying", Pastoral Psychology, Vol. XII:35-44, February 1961.

Deutsch, Helene. "Absence of Grief", The Psycho-Analytic Quarterly 6:12, 1937.

Ellis, Albert. "Helping Troubled People", Pastoral Psychology. Vol IX:33-41,March 1958.

Engle, George L. "Is Grief a Disease?" Journal of the American Psychosomatic Society, Vol. XXIII:18-22 January- February, 1961.

Kelham, Langdale. "Some Thoughts on Mental Effect of Amputation", British Medical Journal, February 1958 p. 334.

Lindemann, Erich. "Symptomatology and Management of Grief" The Journal of Psychiatry, Vol. 101:141-56, September 1944.

Lindemann, Erich, Barry, "Maternal Bereavement in Psycho-Neurosis", The Journal of The Psychosomatic Society, Vol. XXII:180.

Peto, Endre. "Weeping and Laughing", International Journal of Paycho-Analysis, Vol. XXVII:133, 1946.

Scharlemann, Martin H. "The Military Chaplain as Counselor", Pastoral Psychology, Vol X:12-14, March 1959.

Trouting, Theodore & Ripley, Hebert S. "Life Situations, Emotional and Bronichial Asthma", The Journal of Nervous & Mental Diseases. Vol. 108, November 1948.

Whitman, Howard. "How To Help Someone in Sorrow", Together, May 1961, pp. 26-27.

Zuck, Lowell H. "The Changing Meaning of the Christian Funeral", Pastoral Psychology, Vol.VIII:17-26. November 1957.

Department of Army Publication

Department of Army Pamphlet No. 16-60,The Chaplain as Counselor,1958.